

# WPHL Supply Order Form

1. Keep a copy for your records
2. Name, address, and phone number required
3. Quantity specified
4. Serology limited to 50/order
5. FAX, mail, or email form  
(One protocol will be packed with each order)

FROM: Wyoming Public Health Laboratory  
2300 Capitol Avenue  
Hathaway Building Room 517  
Cheyenne, WY 82002  
Phone: 307.777.7431 FAX: 307.777.6422

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COURIER SERVICE ONLY:

- ☐ WMC/Casper  
☐ CNCHD/Casper  
☐ ERH/Evanston  
☐ WSH/Evanston  
☐ Other City \_\_\_\_\_

## SOME SUPPLIES MAY BE AVAILABLE FOR DESIGNATED SITES ONLY

**QTY**      **Lab Requisition Forms (Only)**  
\_\_\_\_\_  
WPHL Requisition Form  
\_\_\_\_\_  
\_\_\_\_\_ Other (Please specify)

**QTY**      **Miscellaneous Components (Only)**  
\_\_\_\_\_  
Needle Holders  
\_\_\_\_\_  
Needles  
\_\_\_\_\_  
Urine Collection Cups  
\_\_\_\_\_  
Vacutainers (Red Top)  
\_\_\_\_\_  
Throat Swabs  
  
\_\_\_\_\_  
WPHL Stickers (Courier only)  
\_\_\_\_\_  
West Nile Virus Shipper (WNV)  
Cold -Pak and Protocol  
\_\_\_\_\_  
Infectious Canister (Courier Only)  
\_\_\_\_\_  
UN6.2 Shipper  
(For Infectious Substances-limit 2 per request)  
\_\_\_\_\_  
\_\_\_\_\_ Other (Please specify)

**QTY**      **Collection Kits (See protocol  
handout for kit components)**

\_\_\_\_\_  
Chlamydia/GC Swab  
\_\_\_\_\_  
Chlamydia/GC Urine  
\_\_\_\_\_  
Chlamydia/GC Mailer only

**QTY**      **Collection Kits with Mailers**

\_\_\_\_\_  
Fecal Bacteria/Norovirus Kit (FB)  
\_\_\_\_\_  
Fecal Parasite Kit (FP)  
\_\_\_\_\_  
HIV Oral Fluid Kit  
\_\_\_\_\_  
HIV Venipuncture Kit  
\_\_\_\_\_  
Pertussis Kit (BP)  
\_\_\_\_\_  
Serology Kit

\_\_\_\_\_  
Tuberculosis Kit  
\_\_\_\_\_  
Varicella Zoster Kit (VZV)

**QTY**      **Outbreak Supplies**

\_\_\_\_\_  
GI Outbreak Kit  
  
\_\_\_\_\_  
Swine Flu Kits

WPHL use only

Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

Contact Information for Receiving Facility

Name \_\_\_\_\_ Phone # \_\_\_\_\_